REFERENCE NO. 410.1

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

PROVIDER AGENCY DRUG AUTHORIZING PHYSICIAN CONFIRMATION OF AGREEMENT TO PURCHASE DRUGS AND MEDICAL SUPPLIES

I have agreed to assume responsibility for _____ purchase of drugs, medical devices, and controlled drugs under my medical license and DEA registration number.

Current contact information is:

_____
(physician printed name)

_____
(address)

_____
(business telephone and cellular phone)

_____
(e-mail address)

_____
California Physician's & Surgeon's License Number

_____
Signature and Date

Please return to:

Department of Health Services
Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670
Attn: Provider Agency Program Manager